Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#

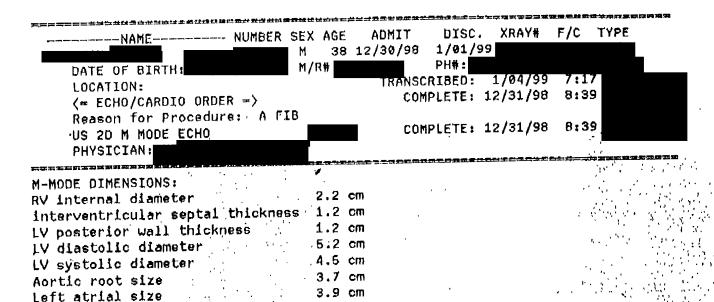
13335



7 - PROCEDURES

XRAY# F/C TYPE DISC. -----NAME----- NUMBER SEX AGE ADMIT 38 12/30/98 М M/R# DATE OF BIRTH: TRANSCRIBED: 12/31/98 8:03 LOCATION: COMPLETE: 12/30/98 18:43 <= XRAY ORDER => Reason for Procedure: ACUTE ONSET OF AFIB COMPLETE: 12/30/98 18:44 PORT CHEST PHYSICIAN: PORTABLE EAP CHEST ON 12/30/98 AT 1830 HOURS: Atrial fibrillation. Comparison is made with chest x-ray of 5 June 92. The heart is enlarged with left ventricular prominence to the cardiac silhouette. Mediastinal contours are normal and the lungs are clear. LEFT VENTRICULAR PROMINENCE TO THE CARDIAC SILHOUETTE. IMPRESSION: CARDIOMEGALY. NO ACUTE PULMONARY PATHOLOGY.

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2-D ANALYSIS: Technically limited study. Fair LV function. Normal LV size, normal LA size, normal RA and RV size. No intracardiac thrombus or pericardial effusion noted.

VALVES: Normal leaflet mobility without evidence of stenosis. Normal aortic root size. Mild, left ventricular hypertrophy.

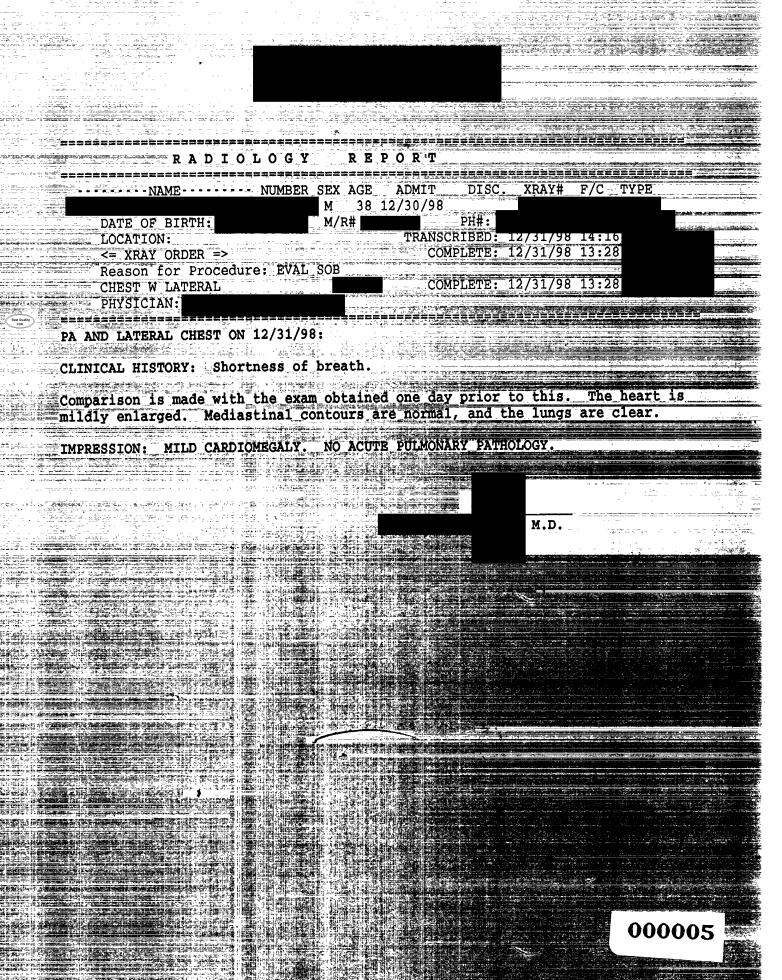
DOPPLER: No evidence of stenosis or regurgitation across any valves by color flow doppler.

IMPRESSION: TECHNICALLY LIMITED STUDY.
FAIR LV FUNCTION.
NORMAL LV SIZE,
MILD LVH.
UNREMARKABLE VALVES BY COLOR FLOW DOPPLER.
NORMAL LA SIZE.
EJECTION FRACTION 50%.

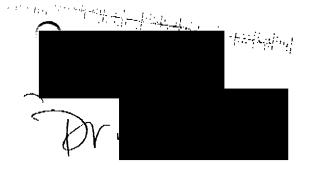
M.D.

Echocardiography Report

	DATE: 17/3	31/98	
Name:	kge/şex: 38 M	Wt: lbs. Rooms	
Tape Ref. Physician:	· · · · · · · · · · · · · · · · · · ·	Sonographer: _	Marie Carlos Car
Clinical Diagnosis:	h D		·
DIGITAL ON-LINE 2-D MEASUREMEN		2.0	C.F.M.
R.V. Diastole	n. (<3.0) Mitral Valve:		
I.V.S. Thickness 1 2 c.m	n. (<1.1) EFSlope - 07	ocmbec	
L.V.P.W. Thickness	n. (<1.1) Aortic Valve:		
L.V. Diastole 2 Dite c.n	1 (45.2) AUD- Q.D		
	n. (<3.9) Tricuspid Valve:		
Aortic Root $\frac{2}{3}$ c.n	n. (<3.8) n. (<4.0) - Pulmonic Valve:		
Left Atrium Global Ejection Fraction	(<4.0) Pulmonic Valve:		
Global Ejection FractionX	(>55%)		TO SECURE AND ASSESSMENT OF THE PARTY OF THE
Interpretation and Findings:	three Lind	Sty	
MID (11)	W. K.	•	<u>۲</u> ـــ
· · · · · · · · · · · · · · · · · · ·	١ ١ ١ ١ ١	or the gold	
← (1501		
G		iterpreting Physician	, , , , , , , , , , , , , , , , , , ,
<i>\</i>	29		0000004







THALLIUM SCAN

DATE: AGE: **ROOM:**

01/05/99

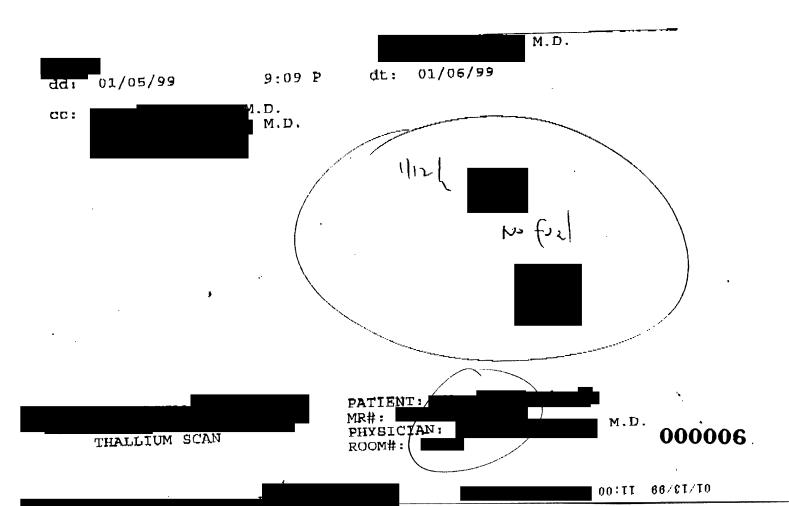
38

MR#: FILM#:

The patient had an exercise stress test. 4.3 mCi of thallium were injected at peak exercise. Films were obtained in the planar There is a stress defect seen in the inferior segment. Normal wash out on the anterior views. In the LAO 45, stress defect is seen in the septal segment with a normal washout. LAO 70 reveals a normal stress distribution with normal washout. patient's test is non-diagnostic because a defect is seen in conflicting stress views with normal washout. Cannot rule out ischemia in the apical and inferior aspect. Clinical correlation is suggested.

IMPRESSION:

This is a non-diagnostic study due to a defect seen in conflicting stress views with normal washout. Cannot rule out ischemia in the apical and inferior aspect. Clinical correlation is suggested.



NARRATIVE SUMMARY

The patient was hooked up at 3:49 PM and was recorded for 23 hours 50 minutes. Four hours thirty three minutes were manually scanned due to artifact. The average heart rate was 99 BPM, with the minimum rate, 52 BPM, occurring at 5:29 AM, and the maximum rate, 147 BPM, occurring at 7:04 PM.

Ventricular ectopic activity consisted of 65 single beats. Ventricular beats occurred at the rate of 3.3 VEs per hour.

The patient's rhythm included 4 hours 5 minutes 12 seconds of tachycardia, 49 seconds of bradycardia. The fastest single episode of tachycardia occurred at 7:04 PM, lasting 174 beats and averaging 147 BPM. The slowest single episode of bradycardia occurred at 5:29 AM, lasting 10 beats and averaging 52 BPM.

Supraventricular ectopic activity consisted of 28 beats, of which 24 were PACs, and the remaining 4 were in atrial couplets. Supraventricular beats occurred at the rate of 1.4 SVEs per hour. There were 4 late beats. The longest R-R interval was .91 seconds.

TECHNICIAN COMMENTS

NO DIARY INFORMATION RECORDED.

000007

Signed:	Date:	
0-9		

ECTOPIC NARRATIVE



(Non-Edited)

The Patient was monitored for a period of 23 hours and 42 minutes. The TOTAL NUMBER of BEATS was 141136 with an AVG RATE of 100. The Maximum BPM was 132 with the Minimum BPM of 82. WIDE BEATS totaled 58 representing <1% of all beats. WIDE COUPLETS totaled 3. WIDE RUNS totaled 0. PAUSES totaled 0. NARROW RUNS totaled 0. ISOLATED EARLY NARROW BEATS totaled 14 representing <1% of all beats. Total Minute(s) NOT ANALYZED: 0 representing 0 % of the study.

ISCHEMIC NARRATIVE

CH1-ST levels averaged +0.5 mm with the MAX of +1.3 mm and the MIN of -0.6 mm. Total Minutes in excess of 1 mm from the AVG was 1 representing <1 % of the time monitored. The LONGEST duration in excess of 1 mm from AVG was 1 minutes with the onset at 06:21.

CH2-ST levels averaged +0.6 mm with the MAX of +1.6 mm and the MIN of -0.4 mm. Total Minutes in excess of 1 mm from the AVG was 0 representing 0 % of the time monitored. The LONGEST duration in excess of 1 mm from AVG was 0 minutes with the onset at -----

CH3-ST levels averaged -0.5 mm with the MAX of +0.9 mm and the MIN of -2.1 mm. Total Minutes in excess of 1 mm from the AVG was 28 representing 2 % of the time monitored. The LONGEST duration in excess of 1 mm from AVG was 3 minutes with the onset at 13:49.

COMMENTARY / IMPRESSIONS

RATE: 82-122

AVERAGE RATE: 100

RHYTHM: SINUS RHYTHM/ SINUS TACH

PAUSES: NONE IDENTIFIED

ATRIAL ECTOPY: NONE IDENTIFIED

VENTRICULAR ECTOPY: VERY RARE PVC'S

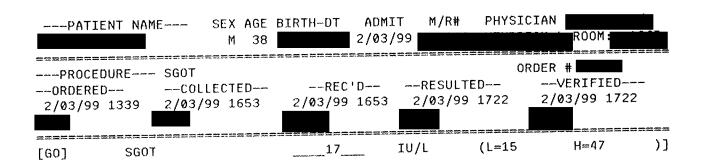
ST CHANGES: BASELINE ST CHANGES

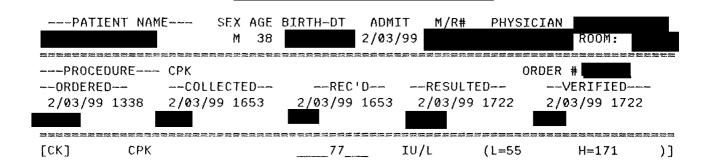
SYMPTOM CORRELATION: DIARY NOT RECORDED

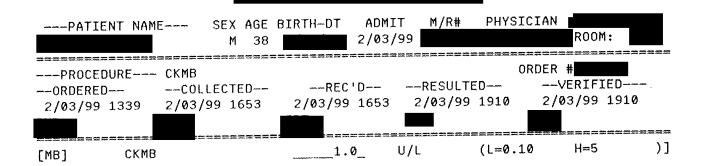
CONCLUSION: SINUS RHYTHM/SINUS TACH RATE 82-122

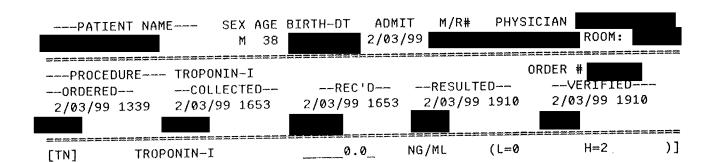
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M D









PHYSICIAN ---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# 2/03/99 M 38 ---PROCEDURE--- LDH --VERIFIED-----REC'D----RESULTED----COLLECTED----ORDERED--2/03/99 1722 2/03/99 1722 2/03/99 1653 2/03/99 1339 2/03/99 1653 (L=313)] IU/L H = 618443____ [LD] LDH

PHYSICIAN ---PATIENT NAME--- SEX AGE BIRTH-DT ADMIT M/R# 2/03/99 M 38 ORDER # ---PROCEDURE--- CPK --VERIFIED-----RESULTED----REC'D----ORDERED-----COLLECTED--2/04/99 1855 __2/04/99 1926 2/04/99 1926 2/04/99 1815 2/04/99 0143 H=171)] ____58____ IU/L (L=55)CPK [CK]

REPORT RADIOLOGY DISC. XRAY# F/C TYPE DISC. ADMIT NUMBER SEX AGE 2/03/99 M PH#: M/R# DATE OF BIRTH: TRANSCRIBED: 2/03/99 14:56 LOCATION: COMPLETE: 02/03/99 11:37 <= XRAY ORDER => Reason for Procedure: CHEST PAIN COMPLETE: 02/03/99 11:37 PORT CHEST PHYSICIAN:

PORTABLE AP CHEST ON 02/03/99 AT 1140 HOURS:

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त्रात्रा निर्मे के कि**वि**केश के किवार के स्वास्त्र के स्वास्त्र के स्वास्त्र के स्वास्त्र के किवार के स्वास्त्र स्वास्त्र के के सम्बद्धिक स्वास्त्र के स्वास्त्र के स्वास्त्र के स्वास्त्र के स्वास्त्र के स्वास्त्र के स्वास्त

Clinical information includes history of chest pain.

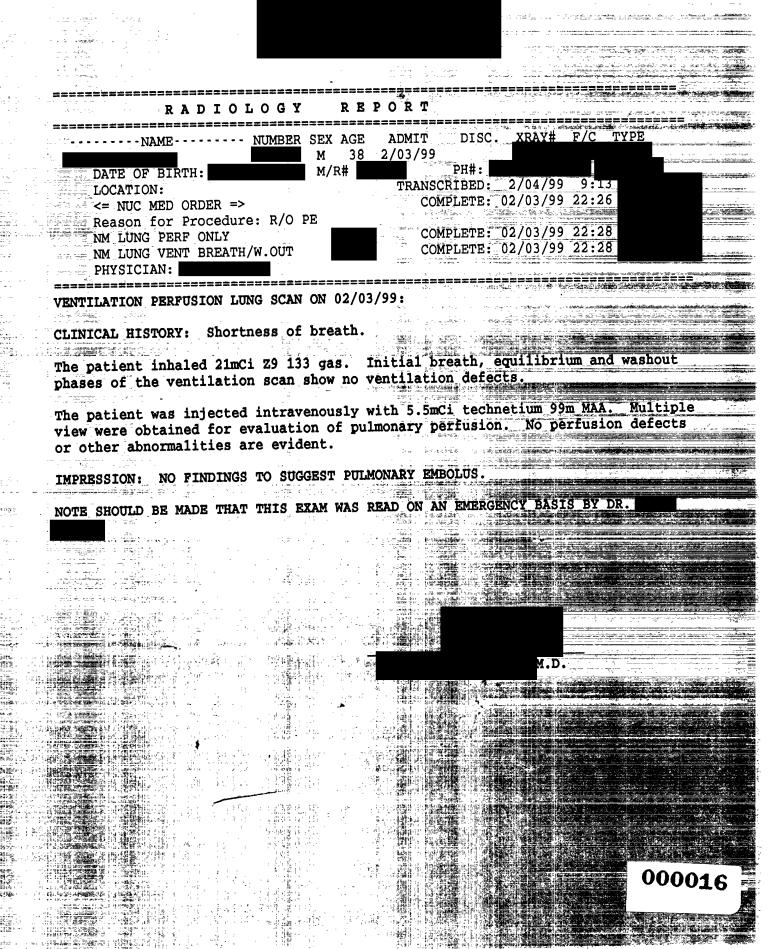
Comparison is made with previous chest x-ray dated 12/31/98.

The heart is mildly enlarged. The lungs are mildly underinflated. There is prominence of the upper lobe vasculature. There is haziness over the lower lung fields due to overlying chest soft tissues. No bony abnormality of the chest is recognized.

IMPRESSION: MILD CARDIAC ENLARGEMENT AND PROMINENCE OF UPPER LOBE VASCULATURE.

I CANNOT EXCLUDE MILD PULMONARY VASCULAR CONGESTION. I SEE NO FOCAL PNEUMONIA

OR INTERSTITIAL EDEMA.



----- NUMBER SEX AGE ADMIT 2/03/99 38

DISC.

DATE OF BIRTH:

M/R#

TRANSCRIBED: 2/04/99 11:29

LOCATION:

<= XRAY ORDER =>

COMPLETE: 02/04/99

Reason for Procedure: C/P CHEST EPA/AP (1V)

COMPLETE: 02/04/99 10:42

PHYSICIAN:

PA CHEST ON 02/04/99:

CLINICAL HISTORY: Chest pain.

Comparison is made with chest x-ray of 03 February 99. The heart is mildly enlarged. The mediastinal contours are normal. The lungs are clear.

NO ACUTE PULMONARY PATHOLOGY. IMPRESSION: MILD CARDIOMEGALY.



42 m or the new mage management of the transplace of the control of the control of the transplace of t DISC. XRAY# F/C TYPE -----NAME--- - NUMBER SEX AGE ADMIT 38 2/03/99 11 M/R# PH#: DATE OF BIRTH: 2/04/99 14:24 TRANSCRIBED: LOCATION: COMPLETE: 02/04/99 11:31 US CAROTED SCAN COMPLETE: 02/04/99 11:30 <= ECHO/CARDIO ORDER => Reason for Procedure: C/P PHYSICIAN:

RIGHT: There is minimal intimal thickening present. There is no significant plaque seen. There is no hemodynamically significant stenoses present. The right vertebral artery is patent with forward flow.

LEFT: There is minimal intimal thickening present. There is no significant plaque noted. There is no hemodynamically significant stenoses present. The left vertebral artery is patent with forward flow.

SUMMARY: THIS PATIENT HAS NO HEMODYNAMICALLY SIGNIFICANT STENOSES NOR IS THERE SIGNIFICANT PLAQUE IN EITHER CAROTID SYSTEM. THE VERTEBRAL SYSTEM IS PATENT WITH FORWARD FLOW. I CONSIDER THIS STUDY NORMAL FOR AGE. THIS REPORT WAS TELEPHONED TO THE NURSE CARING FOR THE PATIENT. I ASKED HER TO GIVE IT TO DR.

D & T 2-4-99

MD

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TIMOA DISC. XRAY# F/C TYPE 38 2/03/99 M PH#: M/R# DATE OF BIRTH: TRANSCRIBED: 2/04/99 14:22 LOCATION: <= ECHO/CARDIO ORDER □> COMPLETE: 02/04/99 11:31 Reason for Procedure: R/O DVI US VENOUS SCAN DUPLEX BIL COMPLETE: 02/04/99 11:31 PHYSICIAN:

RIGHT: The femoral-saphenous-popliteal system is identified. The vein walls are thin and collapse freely. Phasic flow, augmentation and color flow are present. The peroneal and distal popliteal system is identified. The thin vein walls collapse freely. Phasic flow, augmentation and color flow are present. The anterior tibial, posterior tibial and saphenous veins, all demonstrate patency. Where anatomically possible, we are able to collapse these veins.

LEFT: The femoral-saphenous-popliteal system is identified. The vein walls are thin and collapse freely. Phasic flow, augmentation and color flow are present. The peroneal and distal popliteal system is identified. The thin vein walls collapse freely. Phasic flow, augmentation and color flow are present. The anterior tibial, posterior tibial and saphenous veins all demonstrate patency. Where anatomically possible, we are able to collapse these veins.

SUMMARY: THIS PATIENT HAS NO FINDINGS OF DEEP VENOUS THROMBOSIS. I TELEPHONED MY IMPRESSION TO THE NURSE CARING FOR THE PATIENT AND ASKED HER TO TELL DR.

D & T: 2-4-99

				;		
- NAME	· · · NUMBER SE	EX AGE	ADMIT:	DISC.	MED.RECORD#	TYPE ROOM#
	N	M 38	2/03/99	2/05/99		, ;:
DATE OF BIRTH:				· · · · · · · · · · · · · · · · · · ·	PHYSICIAN	
PHYSICIAN:			MD			

Patient monitored 24 hours, 10 minutes. Sinus rhythm. Mean heart rate 78, minimum heart rate 49, maximum heart rate 122.

ATRIAL ACTIVITY: Rare PAC's. No nonsustained runs of supraventricular tachycardia noted.

VENTRICULAR ACTIVITY: Rare PVC's. No nonsustained runs of ventricular tachycardia noted.

ST SEGMENT SHIFTS: None.

PAUSES: None.

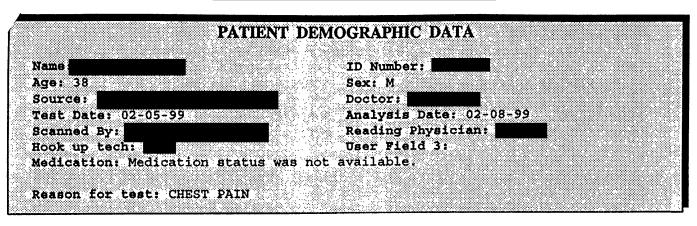
IMPRESSION: SINUS RHYTHM RATE BETWEEN 49-122.

RARE PAC'S.

NO EKG CORRELATION OF ARRHYTHMIA.

D 02 05 99

000020



ANALYSIS SUMMARY Ventricular Ectopy Heart Rate Data Total Beats: 115784 Total VE Beats.: 65 52 BPM at Vent Runs....: Min HR: 5:29am Avg HR: 99 BPM Beats....: Longest....: Max HR: 147 BPM at 7:04pm Fastest...: Triplets....: Heart Rate Variability (For Research Use Only) Couplets....: Single VEs....: 65 ASDNN 5 : 29.9 msec R-on-T...: SDANN 5: 76.2 msec Late VEs....: 83.3 msec SDNN Bi/Trigeminy.: 16.7 ending 12:49pm Max VEs/Hour...: Supraventricular Ectopy ST Segment Analysis 28 Total SVE Beats: Atrial Runs...: CH1 CH2 CH3 Beats....: Min ST Level: Longest....: Avg ST Level: Fastest...: Max ST Level: 2 events Atrial Pairs...: Drop/Late....: -/4 ST Episodes: .91 sec at 1:36am Longest....: Single PAC's...: 24 -/-Bi/Trigeminy.:

